Name in Full: William Henry Ambrose

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Catoctin Furnace; County: Frederick

Date of death 1904: Month: 3; Day: 24

Age: Years: —; Months: one; Days: four.

Sex: male; Color or Race: white; Birthplace:

~~Married~~, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

Father's Name: James Ambrose; Father's Birthplace: near Thurmont Md

Mother's Maiden Name: Stitely 92; Mother's Birthplace: " " "

Name of person giving information: ; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Simple atrophy, or marasmus. How long:

Immediate: Bronchs — Pneumonia. How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. C. Stefauver M.D.

Address: Thurmont, Maryland

Accident or Suicide:

LIBRARY BUREAU A88316

Name in Full: James E. Baker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Jamesville; County: Frederick

Date of death: Month: 3; Day: 9th; 1904

Age: Years: 67; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Frdk Co. Md.

Occupation: Farmer & Inventor

Where Residing if not at place of death: At place of death.

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: John Baker

Father's Birthplace: Indiana Co

Mother's Maiden Name: Sarah Musselter

Mother's Birthplace: " "

Name of person giving Imformation: Edwin Med

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease — How long: 6 months

Immediate: Pericarditis — How long: 12 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: George N. Riggs M.D

Address: Jamsville Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full Mary Jane Baughman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Frederick — County: Frederick

Date of death 1904: Month: Mar — Day: 3 — Age: Years: 87 — Months: 11. — Days:

Sex: Female — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: Widow — Occupation: Lady

Name of Wife or Husband: John W. Baughman

Father's Name: Roger S. Jamison — Father's Birthplace: Md.

Mother's Maiden Name: Louisa A. Mundd — Mother's Birthplace: Md.

Name of person giving In formation: Fred Baughman — How related to deceased: Grand Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility. — How long: 1 Y.

Immediate: Oedema of Lungs. — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. B. Johnson

Address: Frederick Md.

Accident or Sulcide?

LIBRARY BUREAU A85516

Name in Full: David Nathaniel Bond 2.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick; County: Frederick

Date of death: 1907; Month: 3; Day: 20; Age: Years: 6; Months: ; Days: 20

Sex: Male; Color or Race: Black; Birthplace: Brunswick

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Mac Bond; Father's Birthplace: Va

Mother's Maiden Name: Jenie Cooper; Mother's Birthplace: Md

Name of person giving Information: Bond & Cooper; How related to deceased: Grand Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Catarh Pneumonia; How long:

Immediate: " "; How long: 1 week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. G. Horine

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU

CERTIFICATE OF DEATH

MARYLAND

Name in Full Mary E. Bowers

Died at Town: Frederick — County: Frank

Date of death 1904 Month: March — Day: 23 — Years: Age 67 — Months: 7 — Days: 10

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Widow — Occupation: Housewife

Name of Wife or Husband:

Father's Name: Harrison Knight — Father's Birthplace:

Mother's Maiden Name: Eliza A. Mowmaster — Mother's Birthplace:

Name of person giving Information: daughter — How related to deceased: D.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: 2 weeks

Immediate: Cardiac Collapse — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. M. Cundy

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Martha A Bostain

Died at Town: Urbanville County: Frederick MARYLAND

Date 1904	Month Day: March 16	Age Y. M. D.: 59 -	Native of: Md.	Occupation: Housewife

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ — Divorced — Number of children living: 4

~~Husband~~ Wife of Madison Bostain

Father's Name: William Justice — Mother's Maiden Name:

Cause of Death — Primary: Paralysis — How long sick: 66.

Immediate: Heart Failure — Accident, Suicide, Homicide

Reported by: Thomas P. Lappenglass M.D

Address: Urbanville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: John T. Buckey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick — County: Frederick

Date of death 1904: Month: 3 — Day: 5 — Years: Age 1 — Months: 1 — Days: 9

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: X — Name of Wife or Husband: X

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Buckey — Father's Birthplace: Md

Mother's Maiden Name: Sarah Cooper (C) — Mother's Birthplace: Pa

Name of person giving information: Self — How related to deceased: Physician

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Retention – Meningitis — How long: 1 mo

Immediate: Exhaustion – Spasms — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas F Gordon MD

Address: Frederick. Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: T Burke –

CERTIFICATE OF DEATH

MARYLAND

Died: Town: Near Newmarket County: Fred'k Co. No. 5,

Date of death: 1904 Month: 3 Day: 31 Age: Years: 43 Months: 10 Days:

Sex: Male Color or Race: White Birthplace: Fred'k Co

Occupation: Infant Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: John C Burke Father's Birthplace: Fred'k Co

Mother's Maiden Name: Annie Snyder Mother's Birthplace: Fred'k Co.

Name of person giving Information: D Downey M.D. How related to deceased: None.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis – How long:

Immediate: Exhaustion – How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D Downey M.D

Address: New Market Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Nellie Butler Colc

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mountain Steph | County: Fred.

Date of death 190 4: Month: Mch 8th | Day: + | Years: Age 19 | Months | Days

Sex: Female | Color: ~~Red~~ col | Birthplace: Fred. Co Md.

~~Married~~, Single or ~~Widowed~~ | Occupation: House maid.

Name of Wife or Husband: X

Father's Name: Chas. Butler | Father's Birthplace: Fred. Co Md

Mother's Maiden Name: Mary Ann Butler | Mother's Birthplace: Va

Name of person giving Information: Mrs Shook. Hos Nurse | How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever | How long: 6 weeks

Immediate: Abscess of Lung. | How long: 2 Mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. S. Maynard

Address: 17 Record St Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Sarah Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brunswick — County: Frederick

Date of death 190 4 — Month: Mar — Day: 24 — Age — Years: 17 — Months: 9 — Days: 2

Sex: Female — Color or Race: Black — Birthplace: md

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Randolph Cooper — Father's Birthplace: md

Mother's Maiden Name: Sarah Hardy — Mother's Birthplace: md

Name of person giving Information: Randolph Cooper 2nd — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmon. Tubarculosis — How long: 6 md

Immediate: " Hemorhage — How long: 8 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. G. Horine

Address: Brunswick md

Accident or Suicide? —

LIBRARY BUREAU A6J516

Petersville

Name in Full: Anna Lee Deater

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: Mar. — Day: 14 — Age — Years: 29 — Months: 5. — Days: —

Sex: Female — Color or Race: white — Birthplace: Burkittsville

Occupation: Housewife — Where Residing if not at place of death: at home

Married, ~~Single~~ or Widowed: Married — Name of ~~Wife~~ Husband: Harry Deater

Father's Name: John Simmons — Father's Birthplace: Burkittsville

Mother's Maiden Name: Josephine Zeigler — Mother's Birthplace: " "

Name of person giving information: Husband — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 9 months

Immediate: Exhaustion — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. A. Palmer M.D.

Address: 17 E 2nd St. Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Clara Francis Dillon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death 1904: Month: 3rd; Day: 5th.

Age: Years: 36; Months: 8; Days:

Sex: Female; Color or Race: White; Birthplace: La

Married, Single or Widowed: Single; Occupation: Religious.

Name of Wife or Husband: ~~Thomas Dillon~~

Father's Name: William Dillon; Father's Birthplace: U.S.

Mother's Maiden Name: Catherine Redmond; Mother's Birthplace: U.S.

Name of person giving Information: Sr Beorndine Onthoff; How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Elephantiasis 84.; How long: 18 months

Immediate: Inanition; How long: 2 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John B Brawner MD

Address: Emmitsburg

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Arthur B. Dixon

CERTIFICATE OF DEATH

MARYLAND

Died at: near Pork Mills (Town) Frederick (County)

Date of death: 1904 — Month: Mar. — Day: 18 — Years: one — Months: ten — Days:

Sex: Male — Color or Race: White — Birthplace: Fredrik Co.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Arthur Dixon — Father's Birthplace: Md

Mother's Maiden Name: Mary E. Procter — Mother's Birthplace: Md

Name of person giving Imformation: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles — How long:

Immediate: Pneumonia — How long: 12 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. E. Mullinix

Address: Walkersville Md.

Accident or Suicide?

LIBRARY BUREAU A68815

Name in Full: Alexander Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Buckeystown — County: Frederick

Date of death: 1904 — Month: May — Day: 6 — Age — Years: — Months: 8 — Days: 28

Sex: Male — Color or Race: Colored. — Birthplace: Md.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Dorsey. — Father's Birthplace: Md.

Mother's Maiden Name: Mary Elizabeth Boyer — Mother's Birthplace: Md.

Name of person giving Imformation: Mary Elizabeth Dorsey. — How related to deceased: Mother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough — How long: Seven Weeks.

Immediate: Pneumonia — How long: 4 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. H. Schultzeck

Address: Buckeystown, Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Theresa Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death	Month	Day	Years	Months	Days
1904	3	25	Age —	4	1

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female	Color or Race: Black	Birth-place: Md	
Occupation: X	Where Residing if not at place of death: X		
Married, Single or Widowed: X	Name or Wife or Husband: X		
Father's Name: Unknown		Father's Birthplace: X	
Mother's Maiden Name: Rosa Dorsey		Mother's Birthplace: Md	
Name of person giving Information: Rosa Dorsey		How related to deceased: Mother	

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis		How long: 16 days
Immediate: Exhaustion		How long: 2 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: W. A. Long	
	Address: City	
Accident or Suicide?		

LIBRARY BUREAU A66516

Name in Full — Certificate of Death

Sarah Duppins

Died at Town: Uniontville — County: Frederick — MARYLAND

Date 1904 — Month: March — Day: 18 — Age: Y. 21 M. 5 D. 18 — Native of: Md. — Occupation: Housewife

~~Male~~ / Female — ~~White~~ / Colored — Married / ~~Single~~ / ~~Widow~~ / Widower / Divorced — Number of children living —

Husband / Wife of James Duppins

Father's Name Chas. Hobbs — Mother's Maiden Name Hannah

Cause of Death — Primary: Phthisis Pulmonalis — How long sick: One year

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by Thomas P. Babbington M.D

Address Uniontville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

Name in Full: Ephraim Eyes.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Liberty Dist. County: Frederick

Date of death: 1904 Month: March Day: 1

Age: Years: 68. Months: 10 Days: 12.

Sex: Males Color or Race: White Birthplace: Fred Co

Occupation: Farmer Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Jane Filler

Father's Name: Peter Eyes Father's Birthplace: Fred Co

Mother's Maiden Name: Mary Mullinix Mother's Birthplace: Fred Co

Name of person giving Information: Charles Eyes How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis How long: Two Years

Immediate: Heart failure How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Thomas Linn.

Address: Liberty Town. Fred Co. Md

~~Accident or Suicide?~~

LIBRARY BUREAU A8881G

Name In Full

Mary A. Eyler

Ce tificate of Death

Died at Town: Frederick County: Frederick MARYLAND

Date 1904 Month 3 Day 6 | Age Y. 70 M. 3 D. 26 | Native of Md. | Occupation HW

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband of Wife: Jno. A. Eyler

Father's Name: Wm. Eyler

Mother's Maiden Name: Mary Eyler

Cause of Death — Primary: La Grippe - Hypostatic Pneumonia — How long sick: one week

Immediate: Heart failure

~~Accident, Suicide, Homicide~~

Reported by: J. Ebaugh, MD

Address: Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Ellen E. Figgins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death 1904: Month: Nov. Day: 23

Age: Years: 65 Months: Days:

Sex: Female

Color or Race: white

Birthplace: Frederick Co.

Married, Single or Widowed: Widow

Occupation: —

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hernia (Strangulated) & Grippe.

How long: 2 days

Immediate: General Asthenia

How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. L. Grimm

Address: Jefferson, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Jacob H. Flook

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Near Burkittsville — County: Frederick

Date of death 1904 — Month: January — Day: 7 — Age: Years 66 — Months 11 — Days 29

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Retired — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Ellen Poy.

Father's Name: Daniel Flook — Father's Birthplace: Md

Mother's Maiden Name: Annie — — Mother's Birthplace: Md

Name of person giving Imformation: Wm. Flook — How related to deceased: Brother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitrage Disease of Heart. — How long: Several years.

Immediate: Paralysis of Heart. — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. M. Schiltruck.

Address: Burkittsville Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Cornelia A. Fox

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fox ville — County: Frederick

Date of death: Month: Mar — Day: 24th — Year: 1904 — Age: 64 — Months — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: White — Birthplace: Fox ville Md.

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of ~~Wife~~ Husband: John Fox

Father's Name: Daniel Buhrman — Father's Birthplace: Fox ville Md

Mother's Maiden Name: Mary Lynch — Mother's Birthplace: Derryfield Md

Name of person giving Information: John Fox Jr — How related to deceased: Husband

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemiphlegia arteriosclerosis — How long: 3 Years.

Immediate: Organic Cardiac Disease and — How long: 1 Year.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. C. Kefauver

Address: Thurmont, Maryland.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Levi Daniel Brock

CERTIFICATE OF DEATH

MARYLAND

Died at: Town / Brunswick — County / Frederick

Date of death 190 4: Month: third — Day: second — Age: Years 74 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation — Where Residing if not at place of death

Married, ~~Single or Widowed~~ — Name of Wife or ~~Husband~~: Malinda Brock

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Abraham J. Brock — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: ~~Colon~~ Cerebral Hyperemia — How long

Immediate — How long 5 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. J. Horine

Address: Brunswick, Md

Accident or Suicide? no

LIBRARY BUREAU A88816

Name in Full: Clarence C. Fulton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Walkersville; County: Frederick

Date of death 1904: Month: 3; Day: 4; Age: Years: 34; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Co.

~~Married~~, Single or ~~Widowed~~; Occupation: Farmer

~~Name of Wife~~ or Husband:

Father's Name: ~~Douglas~~ Fulton, H. Clay; Father's Birthplace: Co

Mother's Maiden Name: Emily Smith; Mother's Birthplace: Co

Name of person giving information: D.; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe; How long: One week

Immediate: Acute Bright's disease; How long: 3 or 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. W. Goldsborough Jr.

Address: Walkersville, Maryland

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: William A. Furry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Johnsville; County: Frederick

Date of death 1904: Month: March; Day: 30

Age: Years: 34; Months: 7; Days: 5

Sex: Male; Color or Race: White; Birthplace: Pennsylvania

Married, Single or Widowed: Widower; Occupation: Merchant

Name of Wife or Husband: Clio Briley (Deceased)

Father's Name: Samuel B. Furry; Father's Birthplace: Pennsylvania

Mother's Maiden Name: Della Myers; Mother's Birthplace: "

Name of person giving In formation: Samuel B. Furry; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

27

CAUSES OF DEATH

Primary: Phthisis Pulmonalis; How long: about 18 Months

Immediate: Failure of Heart and Respiration; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. H. Sidwell

Address: Johnsville Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Samuel A. Floyd

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick; County: Frederick

Date of death: 1904; Month: Mar; Day: 9; Age: Years: —; Months: —; Days: 7

Sex: Male; Color or Race: White; Birthplace: Brunswick

Occupation: None; Where Residing if not at place of death:

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: H Dorsey Floyd; Father's Birthplace: md

Mother's Maiden Name: Margaretta Arnold; Mother's Birthplace: md

Name of person giving Information: H Dorsey Floyd; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth; How long:

Immediate: Catarrhal Jaundice; How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Jrs

Signature of Physician: A. G. Harrid

Address: Brunswick Md

Accident or Suicide? —

LIBRARY BUREAU Add816

Name in Full [redacted] Gorey

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Bartonsville / County: Fredk

Date of death 1904	Month: 3	Day: 29	Years: 13	Months: 4	Days: 9

Sex: F | Color or Race: Black | Birthplace: Md

Occupation: School | Where Residing if not at place of death: X

Married, Single or Widowed: X | Name of Wife or Husband: X

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Emanuel Gorey | Father's Birthplace: Md

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: Son | How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever | How long: 6 weeks

Immediate: Tuberculosis Bowels | How long: 2 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. J. Gordon MD

Address: Frederick

Accident or Suicide?

LIBRARY BUREAU Add316

Interment at Bartonsville

" Mar 30 — 04

H. T. Rice Undertaker

Name in Full: Hazel May Goodnell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Knoxville — County: Frederick

Date of death: Month: Mar — Day: 28 — 1904

Age: Years: — Months: 1 — Days: 10

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Ebenezer Goodnell — Father's Birthplace: Md.

Mother's Maiden Name: Laura J. Webber — Mother's Birthplace: Md.

Name of person giving information: Ebenezer — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Bronchitis — How long: 5 days

Immediate: " — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Levin West

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU A66516

Knoxville

Name in Full: Howard Wilbur Grams

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Burkittsville — County: Fred'k

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month	Day	Years	Months	Days
	3rd	11	Age	10	29

Sex: Male — Color or Race: White — Birthplace: Burkittsville

Married, Single or Widowed: ——— — Occupation: Child

Name of Wife or Husband: ———

Father's Name: Chas. W. C. Grams — Father's Birthplace: Md.

Mother's Maiden Name: Ella May Weber — Mother's Birthplace: Md.

Name of person giving information: Chas Grams — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles — How long: 10 days

Immediate: Pneumonia — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo Fourter

Address: Burkittsville Md.

Accident or Suicide?

LIBRARY BUREAU A8031S

Name in Full: Bennie Greene

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Petersville | Town | County: Frederick

Date of death: 1904 | Month: 2 | Day: 9 | Age: Years 3 | Months 2 | Days

Sex: male | Color or Race: colored | Birthplace: Petersville

Occupation: — | Where Residing if not at place of death:

Married, Single or Widowed: | Name of Wife or Husband:

Father's Name: Robt H Greene | Father's Birthplace: Maryland

Mother's Maiden Name: Cordia Hutchins | Mother's Birthplace: Maryland

Name of person giving Information: Cordia Greene | How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pertussis | How long: 4 days

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician:

Address: Petersville

Accident or Suicide?

LIBRARY BUREAU A48016

Name in Full: Ruth Esley Haines

CERTIFICATE OF DEATH

MARYLAND 3,

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Bartholows — County: Frederick

Date of death 1904: Month: Mar. — Day: 5-th — Age: Years: 14 yr — Months: 6 — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Single — Occupation: — —

Name of Wife or Husband: — — —

Father's Name: George H Haines — Father's Birthplace: Md

Mother's Maiden Name: Minnie E Bantzle — Mother's Birthplace: Md

Name of person giving In formation: Minnie E Haines — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scarlet Fever — How long: 7 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Downey O Hopkins

Address: New Market Maryland

Accident or Suicide? No

LIBRARY BUREAU A0831G

Name in Full: Jessina Hanson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forrille — County: Frederick

Date of death: Month: Mar — Day: 21st — Year: 1904

Age: Years: 68 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Forrille. Md.

Occupation: Housewife — Where Residing, if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Peter Hanson

Father's Name: George Buhrman. — Father's Birthplace: Forrille Md

Mother's Maiden Name: Elizabeth Brooman. — Mother's Birthplace: Forrille Md

Name of person giving information: Albert Hanson — How related to deceased: Step-Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Organic Heart Disease — How long: 1 year

Immediate: And Bright's Disease — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. C. Hefanover M.D.

Address: Thurmont, Maryland.

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: George L. Hill

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: 3 — Day: 15 — Age — Years: 88 — Months: 10 — Days: 16

Sex: Male — Color or Race: Black — Birthplace: Md

Married, ~~Single~~ / ~~Widowed~~ — Occupation: Laborer

Name of ~~Husband~~ Wife: Susan Hill

Father's Name: X X X X — Father's Birthplace: X

Mother's Maiden Name: X X X — Mother's Birthplace: X

Name of person giving information: George Hill — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Gangrene — How long: 3 Months

Immediate: Ex haustion. — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Long

Address: 97 E. Patrick St

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Samuel R. Hoffmaster

CERTIFICATE OF DEATH

MARYLAND No 2

Died at: Town: Walkersville; County: Frederick

Date of death 1904: Month: March; Day: 1

Age: Years: 65; Months: 3; Days:

Sex: Male; Color or Race: White; Age: 65; Birthplace:

Married, Single or Widowed: Married; Occupation: Ill get from Farmer

Name of Wife or Husband:

Father's Name:

Father's Birthplace: Co.

Mother's Maiden Name:

Mother's Birthplace: Co

Name of person giving In formation:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

Heart Disease

CAUSES OF DEATH

Primary:

How long: fundays

Immediate: Heart Disease

How long: Suddenly

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician: Chas W Goldsborough

Address:

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full

Certificate of Death

Peter Hoy

Died at Town West-Falls County Frederick MARYLAND

Date 1904 Month Mar - Day 23 | Age Y. 85 M. - D. - | Native of Md. | Occupation Laborer

Male / ~~Female~~ | ~~White~~ / Colored | Married / ~~Single~~ | ~~Widow~~ / Widower | Divorced | Number of children living 5

Husband of ~~Wife~~ Catherine Smith.

Father's Name Jas. Woodward | Mother's Maiden Name Mary

Cause of Death — Primary Nephritis 120 — How long sick 6 months

Immediate Heart failure — Accident, Suicide, Homicide

Reported by Thomas P. Shipley Md.

Address Ellicottville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Henry Hyder

Died at Johnsville Town Dist County Fredk MARYLAND

Date 1904 Month 3 Day 3 | Age Y. 77 M. 5 D. 3 | Native of Md. | Occupation Farmer.

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2.

Husband ~~Wife~~ of Mary A. Hyder

Father's Name Jacob Hyder | Mother's Maiden Name Sarah Lightner

Cause of Death: Primary Pneumonia (Hypostatic) | How long sick 10 da.

Immediate 95. | ~~Accident, Suicide, Homicide~~

Reported by H. Lenbein Brown M.D.

Address Union Bridge Carroll Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full: James McKinley Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Petersville; County: Frederick

Date of death	Month	Day	Age Years	Months	Days
1904	3	6	3	2	

Sex: Male

Color or Race: Colored

Birthplace: Petersville

Occupation: —

Where Residing if not at place of death: "

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Lawson Johnson

Father's Birthplace: Barnesville

Mother's Maiden Name: Eliza M Gordon

Mother's Birthplace:

Name of person giving information: Rundl J Johnson

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough

How long: 5 wks

Immediate: Pneumonia

How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml Clagett

Address: Petersville

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: George H. James

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Phillips Mill — County: Talbot

Date of death 190 4 — Month: Mch — Day: 3 — Age: Years: 67 — Months: 5 — Days:

Sex: Male — Color or Race: Black — Birthplace:

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: — How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Injuries by R.R. accident. — How long: Instantly

Immediate: Shock — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. M. Cassidy

Address: Easton Md

Accident ~~or Suicide~~?

LIBRARY BUREAU A39516

Dr. E. E. Mullinix

Urbana

Frederick Co

Md

Name in Full: Infant Z Martha Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick — County: Frederick

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: 3	Day: 6	Age: Years —	Months —	Days —
Sex: Male	Color or Race: Blood		Birthplace: Frederick		
Married, Single or Widowed: X			Occupation: X		
Name of Wife or Husband: X					
Father's Name: X			Father's Birthplace: X		
Mother's Maiden Name: X			Mother's Birthplace: X		
Name of person giving information: X			How related to deceased: X		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stillbirth		How long: X
Immediate: X		How long: X
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: H. L. Long	
	Address: 37 E Patrick St City	
Accident or Suicide?		

LIBRARY BUREAU A88816

Name In Full William Dorsey Jones

Certificate of Death

Died at Town Libertytown County Frederick MARYLAND

Date 1904 Month Mar Day 19 | Age Y. 18 M. 7 D. 25 | Native of Md | Occupation Clerk

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of —
Wife

104.

Father's Name J. Dorsey Jones | Mother's Name Cordelia Hammond

Cause of Death: Primary Neuralgia & Gastritis | How long sick 6 days

Immediate Hemorrhage Stomach | Accident, Suicide, Homicide

Reported by Otis B. Abbe

Address Libertytown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79869

Name in Full John. Kindle.

Certificate of Death

Died at Town Fotville County Fredericks MARYLAND

Date 1904 Month 3 Day 8 | Age Y. 71 M. 9 D. 26 | Native of Md | Occupation Ex Soldier

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 3

Husband ~~Wife~~ of Sarah. Ford

Father's Name Wm. Kindle Mother's Maiden Name Rosan. ——

Cause of Death: Primary Indegestion 104. How long sick 6 Mo.

Immediate Heart failure Accident, Suicide, Homicide

Reported by Dr. L. Creegan Hmdictator.

Address Thurmont Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79909

Name in Full: Mrs Caroline Amelia A. Kline

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Frederick — County: Frederick

Date of death: Month: Mar — Day: 6 — Years: Age 69 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Germany, Hesse, Darmstadt

Occupation: House-wife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Andrew J. Kline

Father's Name: Frederick Kuhn — Father's Birthplace: Germany, Hesse Darmstadt

Mother's Maiden Name: Christina — Mother's Birthplace: Do

Name of person giving information: Dr J. F. Kline — How related to deceased: Husband

79.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Trouble — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. L. B. Smith

Address: Frederick

Accident or Suicide?

LIBRARY BUREAU A80616

Name in Full: Dorsey E. Kline

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Myersville; County: Frederick

Date of death: 1904; Month: March; Day: 15th; Age: Years: 15; Months: 5; Days: 16

Sex: Female; Color or Race: White; Birthplace: Near Myersville

Occupation: housekeeping; Where Residing if not at place of death: do

Married, Single or Widowed: single; Name of Wife or Husband:

Father's Name: Jonathan Kline; Father's Birthplace:

Mother's Maiden Name: Martha Liger; Mother's Birthplace:

Name of person giving Information: J. T. Bittle; How related to deceased: 27

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis; How long: 6 mo.

Immediate: Asthenia; How long: 2 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ralph Browning,

Address: Myersville, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full: William McCormack

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death: Month 3, Day 21 — Age: Years 21, Months 1, Days 9

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death: XX

Name Single or Widowed — Name or Wife or Husband: X

Father's Name: John McCormack — Father's Birthplace: Md

Mother's Maiden Name: Eliza Johnson — Mother's Birthplace: Md

Name of person giving In formation: John McCormack — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption, Pleurisy — How long: 6 [illegible]

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. D. Long

Address: City

[illegible] CERTIFICATE OF DEATH?

LIBRARY BUREAU A66516

Name in Full: Male Infant of Cornelius McDevitt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Frederick; County: Fredk

Date of death 1904	Month	Day	Age: Years	Months	Days
	9	16	—	—	10

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male; Color or Race: White; Birthplace: Co

Occupation: —; Where Residing if not at place of death: Same

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: Cornelius McDevitt; Father's Birthplace: F. Co. Md

Mother's Maiden Name: Fannie R. Sprouseller; Mother's Birthplace: " " "

Name of person giving information: Cornelius McDevitt; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza. 10; How long: Twenty four hrs

Immediate: Acute Congestion of Lungs; How long: Twenty four hrs

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: D. H. Johnson

Address: Mathias (W. Va.)

Accident or Suicide?

LIBRARY BUREAU A66515

Interment at Mt Olivet Cem.
" Mar 17 — 04
A T Rice & Sons

Name in Full: Frances McManus

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Montevue Hospital — County: Frederick

Date of death 1904: Month: Mar — Day: 20 — Age: Years: 77 — Months — Days

Sex: Female — Color or Race: White — Birthplace

Married, Single or Widowed: X — Occupation

Name of Wife or Husband: X

Father's Name: X — Father's Birthplace

Mother's Maiden Name: X — Mother's Birthplace

Name of person giving Information — How related to deceased

154.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Debility — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. S. Maynard

Address: 17 Record St W. Middletown Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Hazel Merryman

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Knoxville — County: Frederick — MARYLAND

Date of death: 1904 — Month: May — Day: 5 — Age: Years — — Months — — Days: 5

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Hamilton C. Merryman — Father's Birthplace: Md

Mother's Maiden Name: Mary S. Frontier — Mother's Birthplace: Md

Name of person giving In formation: Hamilton C. Merryman — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Eclampsia — How long: 24 hours

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm Thos

Address: Knoxville

Accident or Suicide?

LIBRARY BUREAU A35816

Name in Full: Caroline M. Miller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Knoxville; County: Frederick

Date of death: 1904; Month: March; Day: 29

Age: Years: 65; Months: 1; Days: 15

Sex: Female

Color or Race: White

Birthplace: Va

Occupation: Farm keeping

Where Residing if not at place of death:

Married, Single or Widowed: Widowed

Name of Wife or Husband: Jacob Miller

Father's Name: Adam Jones

Father's Birthplace: Va

Mother's Maiden Name: Elizabeth Kansey

Mother's Birthplace: Va

Name of person giving Information: Wm Gilbert

How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart disease — How long: 14 years

Immediate: Pneumonia oedema or Dropsy — How long: 1 ms

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Levin West

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Rachel Luella Morris

Died at: Town: Bucktailtown County: Fred'k

Date of death 1904: Month: 3 Day: 30 Years: Age — Months: 3 Days: 6

Sex: Female Color or Race: Colored Birthplace: Bucktailtown Md

Married, Single or Widowed: — Occupation: Infant

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Stephen Morris Father's Birthplace: Md

Mother's Maiden Name: Jane Eubile Mother's Birthplace: Md

Name of person giving information: Stephen Morris How related to deceased: Father

(36)

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Syphilis How long: Congenital

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo Fogler

Address: Bucktailtown Maryland

Accident or Suicide?

LIBRARY BUREAU A3891C

Name in Full: Thomas Richard Neimyer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick; County: Frederick

Date of death: 1904; Month: 8; Day: first

Age: Years: 11; Months: 18; Days:

Sex: Male

Color or Race: White

Birthplace: Middletown, Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Edward Neimyer

Father's Birthplace: Middletown Md

Mother's Maiden Name: Martha Cost

Mother's Birthplace: Va

Name of person giving information: Annie Flanagan

How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis

How long: Since birth

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. G. Horine

Address: Brunswick, Md

Accident or Suicide?

LIBRARY BUREAU A3x816

Name in Full: L. Edward Muse

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Brunswick — County: Frederick

Date of death: 1904 — Month: Mar — Day: 22 — Age: Years: — Months: 1 — Days: 7

Sex: Male — Color or Race: White — Birthplace: Brunswick

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Jacob Muse — Father's Birthplace: Va

Mother's Maiden Name: Barbra Ayres 93 — Mother's Birthplace: Va

Name of person giving In formation: Jacob Muse — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Pneumonia — How long: 4 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A G Hoxinst

Address: Brunswick Md

Accident or Suicide? No

LIBRARY BUREAU A88516

LVo

Name in Full

Charles Albert Pearre

Certificate of Death

Died at Town: Unionville County: Frederick MARYLAND

Date 1904 Month: 3 Day: 18 | Age Y. 36 M. 2 D. 23 | Native of | Occupation Painter

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name Thos. A. Pearre

Mother's Maiden Name Clementine Poole

Ceuse of Death — Primary: Suicide by Hanging

Immediate

How long sick

~~Accident~~, Suicide, ~~Homicide~~

Reported by W. Whitelaw Smith

Address Unionville Md

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Bessie Powells

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Adamstown — County: Frederick

Date of death	Month	Day	Age — Years	Months	Days
1904	3	16	—	3	—

Sex: Female — Color or Race: Black — Birth-place: Adamstown

Occupation: — Where Residing if not at place of death: Same

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Curtis Powells — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Curtis Powells — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long:

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A33316

Interment at Hope Hill

" Mear 18 -04

A. F. Rice Undertaker

Name in Full

Certificate of Death

Mrs. Julia Catharine Ramsburg

Died at Town: Walkersville County: Frederick MARYLAND

Date 1894 Month: March Day: 1 | Age Y. 72 M. 7 D. 1 | Native of Frederick Co. Md. | Occupation Housewife

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living Six.

Husband / Wife of Louis P. Ramsburg

Father's Name John Putman. | Mother's Name Elizabeth Summers.

Cause of Death: Primary Cardiac degeneration and Immediate | How long sick Several weeks

~~Accident, Suicide, Homicide~~

Reported by Clarence Goldsborough

Address Walkersville Frederick County Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full: William Richardson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Emmitsburg — County: Frederick

Date of death 1904: Month: 3rd — Day: 22nd — Age: Years: 92 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Married, ~~Single~~ or ~~Widowed~~ — Occupation: Laborer

Name of Wife or Husband: Anna Bowie

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formation: Ann Brown — How related to deceased: Daughter

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis — How long: 3 Months

Immediate: Dropsy — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Robert L. Annan

Address: Emmitsburg Md

Accident ~~Homicide~~ Suicide?

LIBRARY BUREAU A88510

Name in Full: Helen Alma Rowe

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death: Month: Mar; Day: 10; Year: 1904; Age: Years: 0; Months: 3; Days: 2

Sex: Female; Color or Race: White; Birthplace: Emmitsburg, -

Occupation: none; Where Residing if not at place of death:

Married, Single or Widowed; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Howard Rowe; Father's Birthplace: Emmitsburg

Mother's Maiden Name: Mary Anshaubs; Mother's Birthplace: Emmitsburg

Name of person giving information: Howard Rowe; How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchio Pneumonia; How long: 1 month

Immediate: Atelenia -; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. D. E. Stone M.D.

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU A6501G

Name in Full: Elizabeth May Schildknecht

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Braddock; County: Frederick

Date of death: Month: March; Day: 29; Years: 1904; Age: Months: —; Days: 21

Sex: Female; Color or Race: white; Birthplace: near Braddock Fred'k Co

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Elmer Schildknecht; Father's Birthplace: Fred'k Co, Md.

Mother's Maiden Name: Estelle Hefauver; Mother's Birthplace: Fred'k Co, Md.

Name of person giving Information: Emory Hefauver; How related to deceased: Grandfather

150

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Open foramen ovale (7mo. foetus); How long: —

Immediate: Inanition; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. O. Hendrix, M.D.

Address: Frederick, Md.

Accident or Suicide? —

LIBRARY BUREAU A88016

Name in Full: Lillie A. M. Shearer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Buckeystown — County: Frederick

Date of death: Month 3 — Day 8 — Years 62 — Months 7 — Days 1

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: House Wife — Where Residing if not at place of death: P.O. of Rocks Md

Married, Single or Widowed: Widowed — Name of Wife or Husband: Allen Shearer

Father's Name: Daniel Hoover — Father's Birthplace: Md

Mother's Maiden Name: Annie Zimmerman — Mother's Birthplace: Md

Name of person giving information: Mrs J. W. Nichols — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endocarditis. — How long: Several years.

Immediate: Heart Failure — How long: Immediate.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. B. Johnson

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: John J. Shipley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death: 1904; Month: March; Day: 19; Age: Years: 57; Months: —; Days: 20

Sex: Male; Color or Race: white; Birthplace: Frdk Co., Md.

Occupation: Attorney at Law; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or Husband: Louisa Gaver

Father's Name: Joshua Shipley; Father's Birthplace: Frdk Co Md

Mother's Maiden Name: Caroline Doefler; Mother's Birthplace: Frdk Co. Md.

Name of person giving information: Ada Shipley; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis of liver; How long: Several years

Immediate: Heart failure; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. D. Hendrix, M.D.

Address: Frederick, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County:

Date of death 1904 — Month: March — Day: 10th — Age: Years: — Months: — Days: 4

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband:

Father's Name: Grant John Shoemaker — Father's Birthplace: Md

Mother's Maiden Name: Ida M. Hafner — Mother's Birthplace: Md

Name of person giving In formation: John G. Shoemaker — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Prematurity, Twin — How long: 4 days

Immediate: Inanition — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank Hedges

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County:

Date of death 1904 — Month: March — Day: 6th — Age: Years: Still Born, Months: , Days:

Sex: Female — Color or Race: White — Birth-place: Frederick

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband:

Father's Name: John G. Shoemaker — Father's Birthplace: Md.

Mother's Maiden Name: Ida Hamer — Mother's Birthplace: Md.

Name of person giving In formetion: John Shoemaker — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primery: Tumor S. — How long:

Immediete: Still Born — How long: —

Are the name, age, sex, color, dete and place correctly given ebove? yes

Signature of Physician: Frank Hedges M.D.

Address: Frederick

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Jane Sims

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Frederick — County: Frederick

Date of death: 1904 — Month: 3 — Day: 29 — Age: 62 — Months: X — Days: X

Sex: Female — Color or Race: Black — Birthplace: Va

Occupation: Domestic — Where Residing if not at place of death: X

Married, Single or Widowed — Name of Wife or Husband: X X

Father's Name: X X — Father's Birthplace: X

Mother's Maiden Name: X X — Mother's Birthplace: X

Name of person giving Information: A. Butler 67 — How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Paresis — How long: 5 months

Immediate: Exhaustion — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. A. Long M.D.

Address: 27 E. Patrick St. Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Madelin[illegible] Osborne Six

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick — County:

Date of death 1904: Month: March — Day: 20th — Age: 2 Years — Months — Days: 20

Sex: Female — Color or Race: White — Birthplace: Frederick

Married, Single or Widowed — Occupation:

Name of Wife or Husband:

Father's Name: Osborne Inyge Six — Father's Birthplace: Md

Mother's Maiden Name: Mamie A Burns — Mother's Birthplace: Md

Name of person giving information: Osborne Six — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enter Colitis Double Pneumonia — How long: 16 Days

Immediate: asphyxia. — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Frank Hedges M.D.

Address: Frederick Md.

Accident or Sulcide?

LIBRARY BUREAU A68816

Name in Full

Certificate of Death

Died at (Town) Unionville (County) Frederick MARYLAND

Date 1904 Month March Day 12 Age Y. 14 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name John Smith

Mother's Maiden Name Sallie Strawsburg

Cause of Death: Primary Spasms

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Dr W Whitehill MD

Address Unionville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full: Mrs Sprague

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Market; County: Frederick, 4

Date of death 1904: Month: 3; Day: 30-; Age: Years / Months / Days

Sex: Female-; Color or Race: Black; Birthplace: Frederick Co

Occupation: Housekeeper-; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Mr Sprague

Father's Name: Milton Simpson-; Father's Birthplace: Frederick Co

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Imformation: Dr Downey; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sudden-; How long:

Immediate: Apoplexy-; How long:

Are the name, age, sex, color, date and place correctly given above?: I

Signature of Physician: J W Downey M D

Address: New Market Md

Accident or Suicide?:

LIBRARY BUREAU A88818

Name in Full — Child of Mr & Mrs. Stamback

Certificate of Death

Died at — Town: Thurmont — County: Frederick — MARYLAND

Date 1904 - Month: 3 - Day: 28 | Age: Y. 0 - M. 0 - D. 1 | Native of: Md | Occupation: —

~~Male~~ / Female — White / ~~Colored~~ — Married / Single — ~~Widow~~ / Widower — ~~Divorced~~ / Number of children living

~~Husband~~ of Wife

Father's Name: Harry Stamback — Mother's Maiden Name: Rosa Knott.

Cause of Death — Primary: Strangulation (152) — How long sick:

Immediate — Accident, Suicide, Homicide:

Reported by: M. L. Grogg. Undertaker.

Address: Thurmont Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: Ida R Starr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick City — County: Frederick Co

Date of death 1904: Month: March — Day: 20 — Age: Years: 36 — Months: 10 — Days: 3

Sex: Female — Color or Race: White — Birthplace: Frederick

Occupation:

Where Residing if not at place of death: West Patrick St

Married, Single or Widowed:

Name or Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: H Rosh Starr — Father's Birthplace: Frederick Co

Mother's Maiden Name: Sarah R Anderson — Mother's Birthplace: Jamesville

Name of person giving Information: J W Starr — How related to deceased: Father

CAUSES OF DEATH

Primary: Consumption — How long: 12 Months

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Ira J McCurdy

Address: Per Wm H B Ebbitson Fred

Accident or Suicide?

LIBRARY BUREAU A86316

Name in Full: Joseph B. Stottlemyer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Middletown; County: Frederick

Date of death 1904: Month: Mar.; Day: 14

Age: Years: —; Months: 4; Days: 5

Sex: Male

Color or Race: White

Birthplace: Middletown

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Aquilla Stottlemyer

Father's Birthplace: Wolfsville

Mother's Maiden Name:

Mother's Birthplace: Wolfsville

Name of person giving information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus

How long: 2 mos

Immediate: Exhaustion

How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: B. F. Hoke M.D.

Address: Myersville Md.

Accident or Suicide: —

LIBRARY BUREAU A8S9I8

Name in Full: Robt A. Tarbert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Fredericks — County: Frederick

Date of death 1904 — Month: Mch — Day: 11

Age — Years: 3 — Months: 6 — Days: 1

Sex: Male — Color or Race: White — Birthplace: Towson Balto Co Md

Married, Single or Widowed: Married — Occupation:

Name of Wife or Husband: Isabella Tarbert

Father's Name: Robt Tarbert — Father's Birthplace: Towson

Mother's Maiden Name: [illegible] — Mother's Birthplace: Towson

Name of person giving information: Mother of Boy — How related to deceased: Mother of Dec'd

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abscess of throat — How long: 6 days

Immediate: Bronchitis — How long: 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. S. Maynard

Address: 17 Second St W. Frederick Md.

Accident or Suicide?

LIBRARY BUREAU

Name in Full

Certificate of Death

Richard Waggaman

Died at Town: Sabillasville County: Frederick. MARYLAND

Date 1904 Month: March Day: 13 | Age Y. 81 M. 5 D. 16 | Native of Frederick Co | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 6

Husband ~~Wife~~ of Ann Rebecca Miller

Father's Name David Waggaman Mother's Maiden Name Nancy X

Cause of Death: Primary Old Age How long sick Several Years

Immediate General debility ~~Accident, Suicide, Homicide~~

Reported by G. F. Wachter

Address Sabillasville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 7980

Name In Full

Certificate of Death

Domian K. West

Died at Le Dore Town, Frederick County, MARYLAND

Date ~~1904~~	Month	Day	Age Y.	M.	D.	Native of	Occupation
1904.	3	7	3	1	29	U.S.A	child

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Thomas J. West

Mother's Name: Myrtle C.

Cause of Death — Primary: Influenza

Immediate: Congestion of Lungs & Stomach

How long sick: —

Accident, Suicide, Homicide

Reported by: R. L. Hammond

Address: Myersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79909

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full: Henrietta Francis Whitmore

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Libirty — County: Frederick

Date of death 1904 — Month: Mar — Day: 14 — Age — Years: 56. — Months: 7. — Days: 17

Sex: Female — Color or Race: White — Birthplace: Frederick Co

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Geo. H. Whitmore

Father's Name: Geo. W. Gittings — Father's Birthplace: Mont Co Md

Mother's Maiden Name: Ellen Walker — Mother's Birthplace: Mont Co Md

Name of person giving In formation: George H. Whitmore — How related to deceased: Husband.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paresis — How long: 18 months

Immediate: Coma — How long: 48 hours

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: J. Thomas Sim.

Address: Libirty Town. Md.

Accident or Suicide?

LIBRARY BUREAU A6081G

Nama In Full

Mary York

Certificate of Death

Town

Diad at Freed'k

County

Fred'k

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
3	8	98,				

Date 19 04

~~Male~~ / Famale

White / ~~Colored~~

Married / Single

Widow / ~~Widowes~~

~~Divorced~~

Number of children living

~~Husband~~ / ~~of~~ / ~~Wife~~ widow of

Fathar's Name

Mothar's Maiden Name

Cause of Death — Primary: Old age

Immediate: Exhaustion

How long sick: two weeks

~~Accident, Suicide, Homicide~~

Reportad by Dr Wm Crawford Johnson

Address Frederick Md

Must be signad by physician, if any in attendanca, otharwise by coronar, undertaker or ministar.

LIBRARY BUREAU, 79898

Name in Full: Caroline R. Zimmerman

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Walkersville (County) Frederick

Date of death 190 4 — Month: 3 — Day: 5

Age — Years: 72 — Months: — — Days: 9

Sex: Female — Color or Race: White — Birthplace: Pa.

Married, Single or Widowed: Widow — Occupation: Housework — residence: Frederick City Md

Name of Wife or Husband: C. F. Zimmerman

Father's Name: Henry Derr — Father's Birthplace: Pa.

Mother's Maiden Name: Catherine Best — Mother's Birthplace: Pa.

Name of person giving In formation: Clara Zimmerman — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Interval Neuralgia — How long: One week.

Immediate: Pleurodynia — How long: Two or three days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas W. Goldsborough

Address: Walkersville Md

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A8818

Name in Full: Hannah Zimmerman

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Thurmont — County: Frederick

Date of death: 1904 — Month: June — Day: Third — Age: Years 90 — Months 0 — Days 8

Sex: Female — Color or Race: White — Birthplace: Hampstown Carroll Co Md.

Occupation: — — Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

~~Married~~, Single or ~~Widowed~~: Widow — Name of ~~Wife~~ or Husband: Michael Zimmerman (deceased)

Father's Name: Lord Wood — Father's Birthplace: Carroll Co Md

Mother's Maiden Name: Mary Null — Mother's Birthplace: Fred'k Co. Md

Name of person giving In formation: Wm. W. Zimmerman — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Found Dead in Bed. — How long: —

Immediate: Don't Know Cause thereof. — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. E. Kefauver M.D.

Address: Thurmont. Md.

Accident or Suicide? No

LIBRARY BUREAU A88516